

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 9313	2. Fiscal Year Covered From: 1/1/04 Through: 12/31/04
3. Name and address of person filing. Name Daniel M McNamara P.O. Box, Bldg., Room No., if any Street 3449 Hollenberg Dr. City Bridgeton State MD ZIP Code + 4 63044	4. Name, file number, and address of labor organization. Name INTERNATIONAL UNION OF OPERATING ENGINEERS Labor Organization File Number 039-895 P.O. Box, Building and Room Number, if any Street 3449 Hollenberg Dr. City Bridgeton State MD ZIP Code + 4 63044
5. Position in labor organization. Recording Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Daniel M. McNamara

On 8-11-05

Date

314-739-3983

Telephone Number

c. Employer

Street
City
State ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name,

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name *Operating Eng. Fund -
Benefits Fund*
Trade Name, if any: *Suite 150*

P.O. Box, Bldg., Room No., if any

Street *3449 Hollenberg Dr.*City *Bridgeton Mo*State *MO* ZIP Code + 4 *63044*

14.a. Nature of payment.

*CONFERENCE FEE
\$1,485.00 Refunded \$285.00
ADVANCE
\$2,500.00 Refunded \$855.45*

14.b. Amount of payment.

\$2,844.55